I C E M A

Paramedic

Training Program Approval Packet

ICEMA CHECKLIST

PROCEDURE FOR PARAMEDIC TRAINING PROGRAM APPROVAL

	Materials to Submit with the Program Approval Application Form	***Title 22 Authority Reference No.***	***Page No.***	***FOR ICEMA USE ONLY***
1.	Statement of eligibility for EMT-P Training Program Approval	100148 (i)		
2.	Written request for EMT-P Training Program Approval	100153 (a)		
3.	Proof of Accreditation by the Commission on Accreditation of Allied Health Education Programs (CAAHEP)	100153 (a)		
4.	Statement verifying that the course content is equivalent to the U. S. Department of Transportation (DOT) Emergency Medical Technician-Paramedic National Standard Curriculum HS 808 862 March 1999	100153 (b) (1)		
5.	An outline of course objectives	100153 (b) (2)		
6.	Performance objectives for each skill	100153 (b) (3)		
7.	Program Medical Director Information Form	100149 (a) 100153 (b) (4)		
8.	Program Course Director Information Form	100149 (b) 100153 (b) (4)		
9.	Program Principal Instructor Information Form	100149 (c) 100153 (b) (4)		
10.	Program Teaching Assistant Information Form	100149 (d)		
11.	Location of courses offered and proposed dates	100153 (b) (7)		
12.	Statement verifying written agreement(s) with Acute Care Hospital(s) and other clinical setting(s), for student placement of clinical education and training	100153 (b) (8)		
13.	Statement verifying written contract(s) or agreement(s) with ambulance agency(ies) for student placement of field internship training	100153 (b) (9)		
14.	Final Skills Competency Examination	100153 (c) (1)		
15.	Final Written Examination	100153 (c) (2)		
16.	Statement verifying adequate facilities, equipment, examination security and student record keeping	100153 (c) (3)		

Provide a Table of Contents listing required information with corresponding page numbers.

INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo, and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

APPLICATION FORM FOR APPROVAL AS AN EMT-P TRAINING PROGRAM

PROVIDER NAME: _____

ADDRESS: _____

PROGRAM MEDICAL DIRECTOR: _____

PHONE # (s): _____

EMAIL: _____

FAX: _____

PROGRAM COURSE DIRECTOR: _____

PHONE # (s): _____

EMAIL: _____

FAX: _____

PRINCIPAL INSTRUCTOR: _____

PHONE #(s): _____

EMAIL: _____

FAX: _____

Attach resumes of the Program Medical Director, Program Course Director and Principal Instructor(s) that demonstrates the individual's experience and qualifications in prehospital care/education. Include copies of all current licenses/certifications/accreditations. Submit the $1,000.00 application fee. Fees are non-refundable and non-transferable.

I certify that I have read and understand the local policy for EMT P-Training Program Approval, Title 22, Division 9, Chapter 4 of the California Code of Regulations, effective October 1, 2004 and that I/this agency will comply with all guidelines, policies and procedures described therein. I agree to comply with all audit and review provisions described. Furthermore, I certify that all information on this application, to the best of my knowledge, is true and correct.

_____ _____

Signed, Program Medical Director Date Signed, Program Course Director Date

(ICEMA Use Only)

Application Recvd Date	Approval Date	Expiration Date	Date Paid/Receipt #

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EMT-P TRAINING PROGRAM MEDICAL DIRECTOR INFORMATION

PROVIDER NAME: _____

ADDRESS: _____

PROGRAM MEDICAL DIRECTOR: _____

PHONE # (s): _____

EMAIL: _____

FAX: _____

PROVIDE THE FOLLOWING:

- ❑ Eligibility Status (Reference 100149 (a))
- ❑ Current Resume (Curriculum Vitae)
- ❑ Copy of Current State of California Physicians License

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- -FOR ICEMA USE ONLY- - - - - - - - - - - - - - - - - - -

Approved: ❑**Yes** ❑**No (Attach explanation on separate sheet)**

Approved By/Date: _____

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EMT-P TRAINING PROGRAM COURSE DIRECTOR INFORMATION

PROVIDER NAME: _____

ADDRESS: _____

PROGRAM COURSE DIRECTOR: _____

PHONE # (s): _____

EMAIL: _____

FAX: _____

PROVIDE THE FOLLOWING:

- ❑ Eligibility Status (Reference 100149 (b))
- ❑ Current Resume (Curriculum Vitae)
- ❑ Copy of Current State of California Licenses (Physician, Physician Assistant, RN or Paramedic)

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----------FOR ICEMA USE ONLY----------

Approved: **❑Yes** **❑No (Attach explanation on separate sheet)**

Approved By/Date: _____

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EMT-P TRAINING PROGRAM PRINCIPAL INSTRUCTOR INFORMATION

COMPLETE ONE FORM FOR EACH INSTRUCTOR

PROVIDER NAME: _____

ADDRESS: _____

PROGRAM PRINCIPAL INSTRUCTOR _____

PHONE # (s): _____

EMAIL: _____

FAX: _____

PROVIDE THE FOLLOWING:

- ❑ Eligibility Status (Reference 100149 (c))
- ❑ Current Resume (Curriculum Vitae)
- ❑ Copy of Current State of California Licenses and/or Certifications/Accreditations

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Approved: ❑**Yes** ❑**No (Attach explanation on separate sheet)**

Approved By/Date: _____

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EMT-P TRAINING PROGRAM TEACHING ASSISTANT INFORMATION

PROVIDER NAME: _____

ADDRESS: _____

CITY/COUNTY/ZIP: _____

TEACHING ASSISTANT: _____

PHONE/EMAIL/FAX: _____

WORK EXPERIENCE RECORD MUST BE ATTACHED (Resume, Curriculum Vitae)

**List below those topics to which this Teaching Assistant is assigned and his/her qualifications and experience relative to it:

Topic	**Qualifications/Experience**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approved By: _____
Name (Program Director)

_____
Signature

----------**FOR ICEMA USE ONLY**----------

Approved: ❑**Yes** ❑**No (Attach explanation on separate sheet)**

Approved By/Date: _____

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EMT-P TRAINING PROGRAM

NOTIFICATION OF PROPOSED COURSE

Provider Name: _____

Address: _____

Location of Instruction: _____

County: _____

Address (if different): _____

Program Director: _____ Phone Number: _____

Email: _____

Fee $ _____

_____ _____
Course Starting Date Course Completion Date

_____ _____
Date of Written Certifying Exam Date of Skills Certifying Exam:

Submitted by: _____
Name (Program Director)

_____
Signature Date

***This notification should be submitted to ICEMA not less than thirty (30) days before the start of the course. The Program Medical Director, Program Course Director and Program Principal Instructor Information Forms must either be on file at ICEMA or attached to this form prior to the start of the course. All instructors must be approved by ICEMA prior to the start of any course*